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|-------------|----------------|-----------|
| Lexington   | Nashville<br>• | Knoxville |
| - ∮_Memphis | Chatanooga     | فمممسم    |

## PARKS & RECREATION

## **Request for Scheduling Practice Times**

| Date:                                   |  |
|---|--|
| Name of Organization: _                 |  |
| Name of Contact Person: _               |  |
| Phone Number:                           |  |
| Details of Request:                     |  |
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|   |  |
| Form must be completely filled out for  | consideration. If needed, attach additional information.   |
| to inform of decision. It must be under | ngton Parks and Recreation Department will contact above rstood that due to budget restrictions and/or City policies ngton Parks and Recreation Department will be objective to decisions. |
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Leave completed form in Request for Practice Time Bin at Park Office.